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The Arizona Governor's Office
C·H·O·I·C·E·S Access to Recovery Program

COPE Community Health Services Final Report

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Executive Summary¹

Pima County was initially served by the Pima County Drug Court. At the end of December 2008, the Pima County Drug Court opted not to continue to participate in the ATR program. COPE Community Health Services (COPE) applied and was selected to replace the drug court as the case management agency for Pima County and began ATR operations in April 2009. When COPE joined ATR as the Pima County Case Management Agency, the eligible client population was expanded to include methamphetamine-affected individuals throughout Pima County in addition to those individuals involved in the drug courts or on general probation.

Demographics

The COPE ATR client population included slightly more males than females in the program than would be seen in Pima County's overall population (55.7% and 44.3% respectively). Fewer ATR clients identified as Hispanic than is seen in the overall Pima County population (24.5% versus 33.7%, respectively). Frequently, the Hispanic population is over-represented in at-risk populations as a whole; therefore, this finding was somewhat unexpected.

Alcohol and Illegal Drug Use

All categories of alcohol and illegal drug use saw a reduction in substance use between intake and the six-month follow-up. Because ATR serves methamphetamine-affected individuals, it is of particular interest that there was a 76.6% decrease in methamphetamine use. Additionally, both marijuana use and illegal drug use in general decreased by 67.7% from client intake to the six-month follow-up interview. Over one-third (38.2%) fewer clients reported alcohol use in the six months between intake and the follow-up interview six months later.

The average number of days showed a statistically significant decrease for clients reporting use of any type of illegal drug, from an average of 3.30 days to 1.35 days and methamphetamine use, which decreased from an average of 2.16 days to 0.58 days. For clients who reported using both alcohol and illegal drugs on the same day, the reported average number of days actually increased significantly from 2.78 days at intake to 4.00 at the six-month follow-up. The changes in the average number of days clients drank five or more drinks or reported using heroin were close to, but did not reach, statistical significance.

Physical and Emotional Health

Changes in the overall health status reported by the clients suggest a positive shift in their perception of overall health. Initially 5.2% rated their health as "poor" at intake and by the six-month follow-up this had declined by 20%. The percentage reporting their health status as "fair"

¹ The report assumes the reader has background knowledge of the Arizona Access to Recovery (ATR) program.

also decreased by 26.2. At the other end of the spectrum, the percentage of clients rating their overall health as “excellent” increased 62.5%, from 12.5% to 20.3%, and those who indicated “very good” rose by 29.4%.

Emotional Health Issues Caused by Alcohol or Illegal Drug Use: As clients reduced their use of alcohol and illegal drugs, one would anticipate that the stress and emotional problems caused by substance use would decrease as well. Although there were decreases noted in the responses indicating greater disturbances, decreases were also reported in categories such as “not [affected] at all” that would suggest progress in this area. Because the GPRA is designed so that clients who report no recent substance use, perhaps more indicative of client success, is the percentage of clients to which this question no longer applied by the six-month follow-up. For nearly 70% of clients, these questions were “not applicable” by the six-month follow-up.

Emotional Health Issues not Caused by Alcohol or Illegal Drug Use Risky Behavior: Although individuals often use substances to help cope with underlying emotional health issues, these issues can also be exacerbated by substance use. Fewer clients reported being affected by emotional health issues not related to alcohol and/or illegal drug use in the previous 30 days in several areas. The largest decreases were seen for clients who were unable to concentrate (-39.7%), were experiencing depression (-27.1%), or were feeling serious anxiety (-22.3%).

Risky Behavior: Engaging in risky behaviors is likely to coincide with alcohol and illegal drug use simply because many substances lower an individual’s inhibitions. Often, receiving education on the risks of certain behaviors changes the extent to which individuals participate in these behaviors. The percentage of clients engaging in sexual activity increased by 15.0% during the six months between intake and follow-up. The average number of sexual contact also increased, averaging 9.57 contacts at the follow-up interview from the average of 9.12 contacts at intake. Clients also reported increases in the average number of unprotected sexual contacts (from 8.10 at intake to 8.67 at the six-month follow-up), and unprotected sexual contacts with an IV drug user. Although somewhat concerning, none of these increases were statistically significant.

Connection to Individual and Community Support Systems

Recovery and Social Support: Individuals with strong social support systems may move through the recovery process more quickly than those with an inadequate support system available. Approximately half of the clients (53.6%) reported participating in self-help groups such as Alcoholics Anonymous and Narcotics Anonymous at intake. This had changed very little by the six-month follow-up in which 53.1% of clients participated in self-help groups. Although clients’ interaction with supportive family decreased by 5.4%, over 80% (82.3%) reported that they still interacted with family members who were supportive of their recovery at the six-month follow-up.

In addition to having a strong social network, it is also important that clients have a primary source of support when they are at particularly troublesome points in their lives. The greatest reported change in the clients’ primary source of support was documented in the 57.1%

increase in clients who turned to friends in times of trouble. The 42.4% fewer clients who reported having no one to turn to when they were having problems suggests clients were experiencing successes in building social support systems.

Employment and Education: As individuals work toward recovery, they become more capable of productively contributing to society through employment or through training that will ready them for future employment. The percentage of clients reporting both full-time and part-time employment increased. At intake 18.8% of clients were employed full-time and 10.9% were employed part-time. By the six-month follow-up, this had increased to 26.6% of clients reporting full-time employment and 15.6% reporting part-time employment. Corresponding to these increases were the decreases in the percentage of clients who were unemployed. Clients who were unemployed and not looking for work declined by 28.2%. This change is of particular note as the clients' readiness to obtain employment may suggest successes in the clients' progress toward recovery.

Few clients were enrolled in school or training at intake and only minimal changes were made during the six-month period before the follow-up interview. This would suggest that the majority of clients may not have seen additional education as a primary focus for their recovery efforts.

Housing Stability: Yet another fundamental aspect contributing to clients' accomplishments as they move through the recovery process is housing stability. Changes in housing stability can be difficult to interpret because the housing needs of this population changes frequently as they progress through recovery. Of note however, are the increases in the clients living in their own house or apartment and those living in someone else's house or apartment (68.6% and 46.5%, respectively) along with the 35.4% fewer clients residing in an institutional setting.

Criminal Justice Involvement

Although 21.4% more clients reported one or more arrests at the six-month follow-up than at intake, the actual percentage of clients this represents increased only slightly, from 7.3% at intake to 7.9% at the six-month follow-up. More significantly, 61.6% fewer clients reported they had recently committed a crime by the six-month follow-up. Additionally, 42.9% fewer clients were currently awaiting charges, trial, or sentencing, and the percentage of clients who were on parole or probation dropped 21.6% in the six-month period.

Along with the reduction in the percentage of clients who reported involvement in illegal activity, the average number of crimes committed decreased as well. At intake, clients committed an average of 4.18 crimes. By the six-month follow-up, clients reported involvement in an average of 1.19 crimes. This change was statistically significant. Decreases were seen in the average number of nights clients spent in confinement (4.78 reported at the follow-up versus 5.96 at intake) and in the average number of days/times they were arrested. However, neither of these show a statistically significant reduction.

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Arizona CHOICES Access to Recovery

In 2003, President George W. Bush proposed in his State of the Union Address a new three-year competitive discretionary grant program to provide people seeking drug and alcohol treatment services with vouchers to pay for a range of appropriate community-based clinical treatment and recovery support services. The program was launched in August 2004 when the President announced the first three-year Access to Recovery (ATR) grants.

In 2007, a second round of ATR grants (ATR II) was announced. The State of Arizona Governor's Office for Children Youth and Families (GOCYF) applied for an ATR II grant and in September 2007, was awarded approximately \$8.3 million over three years, from 2007-2010. The grant is administered by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT).

The goals of the AZ ATR program, called Changing How Open Independence Can Ensure Success (CHOICES), were to expand capacity, support client choice, and increase the array of faith-based and community-based providers for clinical treatment and recovery support services. AZ ATR did this by developing and implementing a cost-effective treatment and recovery support services voucher system for individuals with methamphetamine-related substance use disorders.

COPE Behavioral Health Services

Pima County is the second largest of the three original counties being served through ATR, with 1,020,200 residents as of the 2009 population count within a 9,186 square mile area. Nearly 34% (33.7%) of Pima County residents identify as Hispanic and 56.3% identify as white/non-Hispanic.

Pima County was initially served by the Pima County Drug Court. At the end of December 2008, the Pima County Drug Court opted not to continue to participate in the ATR program. COPE Community Health Services (COPE) applied and was selected to replace the drug court as the case management agency for Pima County and began ATR operations in April 2009. When COPE joined ATR as the Pima County Case Management Agency, the eligible client population was expanded to include methamphetamine-affected² individuals throughout Pima County in addition to those individuals involved in the drug courts or on general probation.

ATR Data

Once an individual's eligibility for the ATR program has been established, an intake interview is conducted, part of which includes a staff-administered Government Performance and Results Act (GPRA) instrument. The GPRA is also administered six months after the client's intake and again when the client is discharged from the ATR program. The findings in this report are

²Methamphetamine-affected is defined as methamphetamine use within the previous 90 days.

based on data collected from the GPRA at intake and again at the six-month follow-up. Because discharge may happen later than the six-month follow-up, fewer clients have complete discharge information. Therefore, those data have not been included in this analysis.

Results

As of August 31, 2010 COPE ATR had 185 clients with both intake and 6-month follow-up data.

Demographics

The gender distribution in Pima County is equally distributed (51.0% females). The COPE ATR client population is slightly skewed from the general population with more males than females in the program (55.7% and 44.3% respectively). Table 1 categorizes the gender percentages.

Table 1: Client Gender

N=185	N	%
Male	107	55.7%
Female	85	44.3%

Fewer ATR clients identified as Hispanic than is seen in the overall Pima County population (24.5% versus 33.7%, respectively). Frequently, the Hispanic population is over-represented in at-risk populations as a whole; therefore, this finding was somewhat unexpected.

Table 2: Client Ethnicity and Race

N=185	N	%**
Hispanic*	47	24.5%
White	150	78.1%
African American	13	6.8%
Native American	14	7.3%
Other	2	1.0%

*Hispanic origin ethnicity is considered separate from race.

**Because client can indicate more than one race, total may not equal 100%.

Alcohol and Illegal Drug Use

The intentions behind ATR's goals to expand capacity, service availability, and support for individuals who need assistance in their attempts to quit using alcohol and illegal drugs is that successfully reaching these objectives would ultimately translate into decreases in client alcohol and drug use. Between the client's intake and 6-month follow-up assessment, one would expect a program that is experiencing successes to see the alcohol and drug use rates decrease. Table 3 provides a breakdown of the percentage of clients reporting alcohol at intake and again at the six-month follow-up.

Table 3: Percent of clients reporting alcohol and/or illegal drug use at intake and follow-up

N=192	% at Intake	% at 6 month follow-up*	% Change
In the past 30 days...			
clients reporting alcohol use	28.6%	21.4%	-38.2%
clients reporting intoxication 5+ drinks	10.4%	8.3%	-20.0%
clients reporting intoxication 1-4 drinks	6.2%	5.7%	-8.3%
clients reporting illegal drug use	48.8%	16.2%	-67.7%
clients reporting both alcohol and illegal drug use**			-64.7%
clients reporting marijuana use	16.1%	5.4%	-67.7%
clients reporting heroin use	5.7%	2.6%	-54.5%
clients reporting methamphetamine use	40.1%	9.7%	-76.6%

*Follow-up data % includes a minimal amount of missing data.

All categories of alcohol and illegal drug use saw a reduction in substance use between intake and the six-month follow-up. Because ATR serves methamphetamine-affected individuals, it is of particular interest that there was a 76.6% decrease in methamphetamine use. Additionally, both marijuana use and illegal drug use in general decreased by 67.7% from client intake to the six-month follow-up interview. Over one-third (38.2%) fewer clients reported alcohol use in the six months between intake and the follow-up interview six months later. It is important to note that many of these clients, although not all, were also involved in the county court system at the time of their involvement with ATR, so caution should be taken when interpreting these outcomes as it is difficult to discern the extent to which each of these programs impacted the data.

In addition to reviewing the percentage of individuals who report using alcohol, an assessment of the frequency can be indicative of whether clients who may still be struggling to abstain from alcohol or illegal drug use are, at minimum, showing a reduction in the frequency of their substance use. Table 4 provides the average number of days of use at intake and the 6-month follow-up and whether any changes reached statistical significance.

Table 4: Average number of days clients used alcohol and/or illegal drugs

N=185	Average at Intake	Average at 6 month follow-up	Statistically Significant?
In the past 30 days...			
# of days clients reported alcohol use	1.85	0.98	yes
# of days clients reported drinking 5+ drinks	4.00	2.17	no
# of days clients reported drinking 1-4 drinks	2.17	2.11	no
# of days clients reported illegal drug use	3.30	1.35	yes
# of days clients reported using both alcohol and illegal drugs	2.78	4.00	yes
# of days clients reported marijuana use	0.90	0.63	no
# of days clients reported heroin use	0.63	0.35	no
# of days clients reported methamphetamine use	2.16	0.58	yes

The decrease in the average number of days was statistically significant for clients reporting use of any type of illegal drug, from an average of 3.30 days to 1.35 days and methamphetamine use, which decreased from an average of 2.16 days to 0.58 days. For clients who reported using both alcohol and illegal drugs on the same day, the reported average number of days actually increased significantly from 2.78 days at intake to 4.00 at the six-month follow-up; and marijuana use, where the average number of days clients reported using declined from .90 to 0.63. Alcohol use decreased as well, averaging 1.85 days at the clients' intake to 0.98 days at the six-month follow-up. The changes in the average number of days clients drank five or more drinks or reported using heroin were close to, but did not reach, statistical significance.

Physical and Emotional Health

Illegal drug and alcohol use frequently cause marked changes in an individual's physical and mental health. As clients begin their recovery process, their perceptions of, and focus on, physical and emotional health changes. Once their bodies are no longer being subjected to chemicals, clients may feel the improvements in their physical and mental well-being. Conversely, clients may become aware of health issues for the first time and find the need to focus on the *lack* of physical or mental well-being. Regardless of the direction of change, success cannot be measured by constants, but rather by assessing the changes as reported by the clients themselves. Table 5 shows the overall health status as reported by the clients and the percentage of change between the intake and six-month follow-up.

Table 5: Overall health status as reported by clients at intake and follow-up

N=192	% at Intake	% at 6 month follow-up*	% Change
Current Overall Health			
Excellent	12.5%	20.3%	62.5%
Very Good	17.7%	22.9%	29.4%
Good	42.7%	32.3%	-24.4%
Fair	21.9%	16.1%	-26.2%
Poor	5.2%	4.2%	-20.0%

*Follow-up data % includes a minimal amount of missing data.

Changes in the overall health status reported by the clients suggest a positive shift in their perception of overall health. Initially 5.2% rated their health as “poor”; by the six-month follow-up this had declined by 20%. The percentage of clients who reported that their health was only “fair” also decreased by 26.2%. At the other end of the spectrum, the percentage of clients rating their overall health as “excellent” increased 62.5%, from 12.5% to 20.3%, and those who indicated “very good” rose by 29.4%.

Medical Treatment Services

Shifts seen in the types of medical treatment services clients are accessing may be indicative of their progress toward recovery. One would hope to see that as the individuals address their substance abuse challenges, their needs would change from emergency services to inpatient treatment to outpatient services. Table 6 provides the percentage of clients accessing each type of service within the past 30 days as well as the percentage of change between intake and the six-month follow-up.

Table 6: Percent of clients receiving medical treatment for physical, mental and substance abuse

N=192	% at Intake	% at 6 month follow-up*	% Change
In the past 30 days...			
Received ER treatment for physical problem	9.4%	5.2%	-44.4%
Received inpatient treatment for physical problem	1.0%	0.0%	-100.0%
Received outpatient treatment for physical problems	8.9%	9.9%	11.8%
Received ER treatment for alcohol or drug problems	1.6%	0.5%	-66.7%
Received inpatient treatment for alcohol or drug problems	22.4%	2.1%	-90.7%
Received outpatient treatment for alcohol or drug problems	25.0%	8.3%	-66.7%
Received ER treatment for mental or emotional problems	1.6%	1.0%	-33.3%
Received inpatient treatment for mental or emotional problems	2.6%	1.0%	-60.0%
Received outpatient treatment for mental or emotional problems	17.7%	2.6%	-85.3%

*Follow-up data % includes a minimal amount of missing data.

Decreases in the amount of medical health services sought by clients were seen in every category, with the exception of outpatient treatment services for physical problems, which increased 11.8%. The most significant decreases were observed in the 90.7% decrease in clients accessing inpatient services for alcohol or drug problems, and the 66.7% reduction for outpatient alcohol or drug treatment services. An 85.3% reduction in the percentage of clients seeking outpatient mental health treatment was reported as well. Other changes seen in the utilization of medical services are somewhat misleading as they represent relative few clients, and should be interpreted with caution.

Emotional Health Issues Caused by Alcohol and/or Illegal Drug Use

The effects of alcohol and drug use frequently impact emotional health. An individual's perception as to the severity of their distress alludes to the depth of their alcohol- and/or drug-induced emotional health issues. One indication of client recovery efforts is the reduction in the relative level that clients feel disturbed by these emotional health issues. ATR service providers, such as substance use counseling and treatment, were available to support the clients with their recovery efforts. Table 7 provides the percentage of clients who respond to each category of perceived levels of distress as well as the percentage of change between intake and the six-month follow-up.

Table 7: Level of perceived distress over alcohol and/or illegal drug use

N=192		% at Intake	% at 6 month follow-up*	% Change
In past 30 days AOD...				
Caused stress				
	Not at all	9.9%	8.3%	-15.8%
	Somewhat	21.9%	8.3%	-61.9%
	Considerably	10.9%	4.3%	-61.9%
	Extremely	18.2%	7.6%	-60.0%
	Not Applicable**	37.5%	68.6%	
Caused reduction in activities				
	Not at all	24.5%	12.0%	-51.1%
	Somewhat	12.0%	5.7%	-52.2%
	Considerably	8.9%	4.2%	-52.9%
	Extremely	13.5%	4.2%	-69.2%
	Not Applicable**	39.1%	68.8%	
Caused emotional problems				
	Not at all	15.6%	11.5%	-26.7%
	Somewhat	22.9%	6.8%	-70.5%
	Considerably	9.4%	5.7%	-38.9%
	Extremely	12.0%	3.6%	-69.6%
	Not Applicable**	38.0%	67.7%	

*Follow-up data % includes a minimal amount of missing data.

**Applies only to individuals who used alcohol and/or illegal drugs in past 30 days

As clients reduced their use of alcohol and illegal drugs, one would anticipate that the stress and emotional problems caused by substance use would decrease as well. Although Table 7 shows decreases in the responses indicating greater disturbances, decreases were also reported in categories, such as “not [affected] at all”, that would suggest progress. However, perhaps more indicative of client success is the percentage of clients to which this question no longer applied by the six-month follow-up. The GPRA is designed so that if a client has not used alcohol or illegal drugs in the past 30 days, the question is “not applicable.” For each of the three questions, the percentage of individuals for whom this question no longer applied increased dramatically. Fewer than 40% (37.5%) of the clients fell into the “not applicable” category for causing stress at intake. By the six-month follow-up this had increased to 68.6%. Similarly, the questions regarding substance use causing a reduction in activities were “not applicable” to 39.1% of the clients at intake and 68.8% six months later. This was also the case for emotional problems caused by substance use, where this was “not applicable” to 38.0% of clients at intake and 67.7% by the six-month follow-up.

Emotional Health Issues Not Caused by Alcohol and/or Drug Use

Although oftentimes individuals use substances to help cope with underlying emotional health issues, these issues can also be exacerbated by substance use. Once the alcohol and drug use is removed, these issues may present themselves at the forefront and require the clients to confront their problems. ATR services included counseling to assist clients in dealing with these issues. As with other aspects of their physical and emotional health, resolving the underlying emotional health issues reported by the clients may aid them in their overall recovery. Table 8 presents the percentage of clients who reported experiencing emotional health issues not related to alcohol or drug use in the past 30 days.

Table 8: Percent of clients experiencing emotional health issues not related to alcohol and/or illegal drug use

N=192	% at Intake	% at 6 month follow-up*	% Change
In the past 30 days not due to AOD use...			
clients experiencing depression	55.7%	41.2%	-27.1%
clients experiencing serious anxiety	67.7%	53.2%	-22.3%
clients experiencing hallucinations	2.6%	5.7%	120.0%
clients who were unable to concentrate/ understand	40.6%	24.4%	-39.7%
clients who were unable to control violent behavior	10.4%	6.6%	-35.0%
clients who attempted suicide	2.1%	0.5%	-75.0%

*Follow-up data % includes a minimal amount of missing data.

Clients reported reductions in the percentages of those affected by emotional health issues in the previous 30 days not related to alcohol and/or illegal drug use in several areas. The largest decreases were seen for clients who were unable to concentrate (-39.7%), were experiencing depression (-27.1%), or were feeling serious anxiety (-22.3%). A 35.0% reduction in the percentage of clients who were unable to control violent behavior was also reported; while clients who said they were experiencing hallucinations actually increased by 120.0%. However, the percentage of change seen for these last two, should be viewed with caution due to the small number of clients this represents.

The frequency with which clients experience these emotional health issues is an important indicator of how much the clients are struggling with these feelings. Table 9 shows the average number of days the clients have experienced emotional challenges and whether any changes were statistically significant.

Table 9: Average number of days clients experienced emotional health issues not related to alcohol and/or drug use

N=185	Average at Intake	Average at 6 month follow-up	
In the past 30 days not due to AOD use...			
# of days experiencing depression	5.69	4.72	<i>no</i>
# of days experiencing serious anxiety	9.02	6.85	<i>yes</i>
# of days experiencing hallucinations	0.26	0.79	<i>no</i>
# of days unable to concentrate/understand	4.96	4.26	<i>no</i>
# of days unable to control violent behavior	0.88	0.80	<i>no</i>
# of times attempted suicide	0.03	0.01	<i>no</i>

Only the average number of days clients reported feeling anxious showed a statistically significant decline. At intake, the average number of days clients experienced serious anxiety was 9.02 days. By the six-month follow-up, this fell to an average of 6.85 days. Clients spent fewer days coping with depression (averaging 4.72 days at the follow-up compared to 5.69 days at intake), and being able to concentrate or understand; however, these changes were not statistically significant.

Risk Behaviors

Engaging in risky behaviors is likely to coincide with alcohol and illegal drug use simply because many substances lower an individual's inhibitions. Not surprisingly these risk behaviors may jeopardize the physical health of these individuals. Often, receiving education on the risks of certain behaviors changes the extent to which individuals participate in these behaviors. Table 10 presents the percentage of clients engaging in risky behavioral activities and the average frequency of these activities.

Table 10: Percent of clients engaging in sexual activity and the average number of reported risky sexual contacts

N=192	Intake	6 month follow-up*	% Change
In the past 30 days...			
% Engaging in sexual activity	41.1%	46.9%	15.0%
Average # of sexual contacts	9.12	9.57	<i>not significant</i>
Average # of unprotected sexual contacts	8.10	8.67	<i>not significant</i>
Average # of unprotected sexual contacts with an IV drug user	0.83	1.11	<i>not significant</i>
Average # of unprotected sexual contacts with a person who is HIV/AIDS+	**	**	<i>not significant</i>

*Follow-up data % includes a minimal amount of missing data.

$p < 0.05$

**Too few pairs existed to compare the means

The percentage of clients engaging in sexual activity increased from 41.1% at intake to 46.9% at the six month follow-up, which equates to a 15.0% increase. Clients reported an average of 9.57 sexual contacts during the follow-up interview, which had increased from the average of 9.12 contacts at intake. Clients also reported increases in the average number of unprotected sexual contacts (from 8.10 at intake to 8.67 at the six-month follow-up), and unprotected sexual contacts with an IV drug user. Although somewhat concerning, none of these increases were statistically significant.

Connection to Individual and Community Support Systems

Fundamental to achieving recovery from substance use is an individual's successful reintegration into their communities. The extent to which the client connects to social support, at both an individual and a community level, may be indicative of their successes in this realm. Following are outcome results for three indicators of individual and community connectedness: individual recovery and support systems, community contribution through work or school, and housing stability.

Recovery and Social Support

Individuals with strong social support systems may move through the recovery process more quickly than those with an inadequate support system available. Table 11 presents the percentage of individuals who have developed helpful support systems through self-help groups and/or with supportive family and friends.

Table 11: Percent of clients who indicate having social support through self-help groups and/or supportive family members and friends

N=192	% at Intake	% at 6 month follow-up*	% Change
In the past 30 days...			
Attended voluntary self-help groups	53.6%	53.1%	-1.0%
Attended religious self-help groups	21.9%	24.5%	11.9%
Attended other organizations that support recovery	28.6%	20.8%	-27.3%
Interacted with family who support recovery	87.0%	82.3%	-5.4%

*Follow-up data % includes a minimal amount of missing data.

Approximately half of the clients (53.6%) reported participating in self-help groups such as Alcoholics Anonymous and Narcotics Anonymous at intake. Little discernable difference was observed six months later at the follow-up, which was reported as 53.1% at that time. Attendance at religious self-help groups increased by 11.9% during the six month period. However, participation in other recovery support organizations decreased by 27.3%. Although clients' interaction with supportive family decreased by 5.4%, over 80% (82.3%) reported that they still interacted with family members who were supportive of their recovery at the six-month follow-up.

In addition to having a strong social network, it is also important that clients have a primary source of support when they are at particularly troublesome points in their lives. Sometimes clients may find that this support person changes when they begin their recovery process and discover new, healthier support relationships. Table 12 relays the clients' responses as to whom they consider to be their primary support at intake and at the 6-month follow-up. The percentage of change is also included.

Table 12: Percent of clients indicating a primary source of support at intake and 6-month follow-up

N=192	% at Intake	% at 6 month follow-up*	% Change
Whom do you turn to when you're having problems			
No one	17.2%	9.9%	-42.4%
Clergy member	1.6%	0.0%	-100.0%
Family member	46.9%	45.3%	-3.3%
Friends	18.2%	28.6%	57.1%
Other	16.1%	12.0%	-25.8%

*Follow-up data % includes a minimal amount of missing data.

The greatest reported change in the clients' primary source of support was documented in the 57.1% increase in clients who turned to friends in times of trouble. The 42.4% fewer clients who reported having no one to turn to when they were having problems suggests clients were experiencing successes in building social support systems. Clients choosing the "other" category as their primary source of support often cited God, their sponsor, or COPE staff members of their source of support.

Employment and Education

As individuals work on their alcohol and illegal drug use issues, as well as any other emotional issues they need to address, they become more capable of productively contributing to society through employment or through training that will ready them for future employment. Because clients may have been out of the workforce for a lengthy period of time or lack the training and skills to obtain adequate employment, ATR service providers were available to provide career and training guidance. Table 13 presents the percentage of clients reporting each employment status, and Table 14 shows the percentage of clients reporting each school or training status.

Table 13: Percent of clients indicating employment status at intake and 6-month follow-up

N=192	% at Intake	% at 6 month follow-up*	% Change
In the past 30 days...			
clients reporting full time employment	18.8%	26.6%	41.7%
clients reporting part time employment	10.9%	15.6%	42.9%
clients reporting unemployed—looking for work	45.3%	31.3%	-31.0%
clients reporting unemployed—not looking for work	20.3%	14.6%	-28.2%

*Follow-up data % includes a minimal amount of missing data.

Clients reported increases in both full-time and part-time employment. At intake 18.8% of clients were employed full-time and 10.9% were employed part-time. By the six-month follow-up, this had increased to 26.6% of clients reporting full-time employment and 15.6% reporting part-time employment. Corresponding to these increases were the decreases in the percentage of clients who were unemployed. Nearly one-third fewer clients (31.0%) were unemployed but looking for work six months after they enrolled in the ATR program. Clients who were unemployed and not looking for work declined by 28.2%. This change is of particular note as the clients' readiness to obtain employment may suggest successes in the clients' progress toward recovery.

Table 14: Percent of clients indicating school/training status at intake and 6-month follow-up

N=192	% at Intake	% at 6 month follow-up*	% Change
In the past 30 days...			
clients currently enrolled in school/training full time	2.6%	4.2%	60.0%
clients currently enrolled in school/training part time	6.3%	5.2%	-16.7%
clients not enrolled in school or training	91.1%	85.4%	-6.3%

*Follow-up data % includes a minimal amount of missing data.

Few clients were enrolled in school or training at intake and only minimal changes were made during the six-month period before the follow-up interview. This would suggest that the majority of clients may not have seen additional education as a primary focus for their recovery efforts.

Housing Stability

Yet another fundamental aspect contributing to clients' accomplishments as they move through the recovery process is stability. This includes housing stability, which is often missing when clients first enter the program. Through ATR services, aid was available to help clients become more stable in their housing situation, whether it was from transitional housing, or by assisting the clients to the point where they are able to secure stable housing on their own. Table 15 represents the clients housing status as reported at intake and the 6-month follow-up.

Table 15: Percent of clients indicating current housing status at intake and 6-month follow-up

N=192	% at Intake	% at 6 month follow-up*	% Change
In the past 30 days...			
clients living in a shelter	2.6%	1.0%	-60.0%
clients living outdoors/streets	0.5%	1.0%	100.0%
clients living in an institution	25.0%	16.1%	-35.4%
clients living in their own house/apartment	18.2%	30.7%	68.6%
clients living in someone else's house/apartment	22.4%	32.8%	46.5%
clients living in a halfway house	29.2%	10.9%	-62.5%
clients living in residential treatment	1.6%	2.1%	33.3%
clients living in other type of housing	0.5%	1.0%	100.0%

*Follow-up data % includes a minimal amount of missing data.

Changes in housing stability can be difficult to interpret because the housing needs of this population changes frequently as they progress through recovery. Additionally, as mentioned previously in this report, large percentages of change should be viewed with caution when it represents a minimal number of clients compared to the population size. Of note however, are the increases in the clients living in their own house or apartment and those living in someone else's house or apartment (68.6% and 46.5%, respectively) along with the 35.4% few clients residing in an institutional setting. The jump in clients moving to private housing situations may account for the 62.5% decline in clients living in halfway housing.

Criminal Justice Involvement

COPE is unique among the six case management agencies participating in the Arizona ATR program in that they recruited clients from both the criminal justice-involved population and the general Pima County population. Clients in the general population were recruited through community outreach. Regardless of their recruitment path, however, the nature of the challenges faced by methamphetamine-affected individuals predisposes them to higher likelihood that they will have criminal justice involvement. Reducing involvement with the criminal justice system can be a lengthy process; however, improvements can be shown by the progression through the system.

Table 16: Percent of clients indicating involvement with criminal justice system at intake and 6-month follow-up

N=192	% at Intake	% at 6 month follow-up*	% Change
In the past 30 days...			
Arrested one or more times	7.3%	7.9%	21.4%
Arrested for drug related offenses	4.2%	2.1%	-50.0%
Spent at least one night in jail	28.6%	21.0%	-25.5%
Committed a crime	51.6%	19.6%	-61.6%
Currently awaiting charges, trial, or sentencing	18.2%	10.4%	-42.9%
Currently on parole or probation	79.7%	62.5%	-21.6%

*Follow-up data % includes a minimal amount of missing data.

Although 21.4% more clients reported one or more arrests at the six-month follow-up than at intake, the actual percentage of clients this represents increased only slightly, from 7.3% at intake to 7.9% at the six-month follow-up. More significantly, 61.6% fewer clients reported they had recently committed a crime by the six-month follow-up. Additionally, 42.9% fewer clients were currently awaiting charges, trial, or sentencing, and the percentage of clients who were on parole or probation dropped 21.6% in the six-month period.

Table 17: Average number of criminal justice encounters as indicated at intake and 6-month follow-up

N=185	Average at Intake	Average at 6 month follow-up	Statistically Significant?
In the past 30 days...			
# of times arrested	0.08	0.26	<i>no</i>
# of times arrested due to drugs	*	*	*
# of nights spent in confinement	5.96	4.78	<i>no</i>
# of crimes committed	4.18	1.19	<i>yes</i>

*Too few pairs existed to compare the means

$p < 0.05$

Along with the reduction in the percentage of clients who reported involvement in illegal activity, the average number of crimes committed decreased as well. At intake, clients committed an average of 4.18 crimes. By the six-month follow-up, clients reported involvement in an average of 1.19 crimes. This change was statistically significant. Decreases were seen in the average number of nights clients spent in confinement (4.78 reported at the follow-up versus 5.96 at intake) and in the average number of days/times they were arrested. However, neither of these showed a statistically significant reduction.

Summary

Clients receiving ATR services through COPE showed overall success in many aspects of their recovery process. Decreases were seen in both the percentage of clients, and in the average number of days that alcohol and illegal drugs were used. These changes were statistically significant for the average amount of times clients drank alcohol, used any type of illegal drug, used methamphetamine, or combined alcohol and drug use.

The clients' perception of their overall health showed the anticipated changes, with clients rating their health status more favorable at the six-month follow-up interview than they had at intake. Although the percentage of clients indicating they were less disturbed by emotional health issues caused by alcohol and illegal drug use did not decrease dramatically, a substantial increase in the percentage of clients for which these questions no longer applied was observed. Decreases in clients reporting depression were noted as was a statistically significant decrease in the average number of days clients coped with serious anxiety. Reports of risky sexual behaviors increased, although none were statistically significant.

From the clients' responses, it appeared that moderate movement toward building individual and community support networks was being made. Relatively few changes were observed in the percentage of clients who attended one of three types of self-help support group. It was also noted that fewer clients reported having no one to turn to with their problems and relied more on friends for support.

Sizeable increases were seen in the percentage of clients that were employed both full- and part-time. This corresponded to a reduction in the percentage of clients who were unemployed. Few changes occurred in the percentage of clients involved in school or training, which was minimal at intake.

Changes in housing stability should be viewed with caution because many times large changes in percentages actually represents very few clients. Most prominent in the findings were increases in clients who live in private housing situations, either their own house or apartment or someone else's. Services provided through the ATR program were available to assist in housing needs. However, it is unclear the extent to which clients were accessing these services.

Reductions in criminal justice and criminal activity involvement were apparent across the board, although only the number of crimes committed declined by a statistically significant amount.

It must be noted that many of these clients, although not all, were participating in the county drug court program or on probation concurrent to their involvement in the ATR program, so it is somewhat challenging to determine from these data how much of the clients' progress can be attributed directly to their participation in the ATR program.